CID
INSURANCE PROGRAMS, INC.

The Brokers Preferred Wholesale Solution

Distributors

For a complete submission, please include the following information:

- ☐ ACORD Applications 125, 126, & 140
- ☐ Supplemental Application

If you don't see what you need or have any questions,
please email your underwriter:
Teresa@CIDinsurance.com

Please submit completed application to:
Submissions@CIDinsurance.com
Attn: Teresa Cochran
or fax to (619) 593-2008
Any questions, please call (800) 922-7283

Please submit completed applications to submissions@cidinsurance.com or fax to (619) 593-2008

CID Insurance Programs Inc. DBA CID Insurance Services

DISTRIBUTORS AND WHOLESALERS PROGRAM GENERAL LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

_____

Location Address: _____

_____

Agency Name: _____

Agent No.: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ **To** _____ **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Provide detailed description of the products the applicant distributes:** _____

_____

_____

2. **Does the product manufacturer(s) have a website?** ☐ Yes ☐ No

   If yes, provide website address(es): _____

_____

3. **Does applicant verify manufacturer(s) have products liability coverage?** ☐ Yes ☐ No
4. **Is applicant named as an additional insured by the manufacturer(s)?** ☐ Yes ☐ No
5. **Who are the applicant's primary customers?** _____
6. **What percent of sales is retail?** _____ %
7. **What percent of sales are via the internet?** **Retail** _____ %

   Wholesale _____ %
8. **Does applicant import directly from foreign countries?** ☐ Yes ☐ No
9. **Does applicant manufacture or assemble any products?** ☐ Yes ☐ No
10. **Is applicant a manufacturer's representative for any products sold or distributed?** ☐ Yes ☐ No
11. **Does applicant do any relabeling, repackaging, mixing or blending of products?** ☐ Yes ☐ No

    If yes, explain: _____
12. **Does applicant perform or subcontract any installation, servicing or repair of any products?** ☐ Yes ☐ No
13. **Are any products sold under applicant's label?** ☐ Yes ☐ No

14. **Does applicant sell any used items?** ☐ Yes ☐ No

If yes, what percent of sales does this represent? _____%

Any refurbishing or repair done prior to resale? ☐ Yes ☐ No

15. **Are any products sold intended for use in the airline or oil/gas industry?** ☐ Yes ☐ No

16. **Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?** ☐ Yes ☐ No

17. **Does applicant hold a patent for any product?** ☐ Yes ☐ No

If yes, explain: _____

18. **Has applicant designed any products or had products designed by others?** ☐ Yes ☐ No

If yes, explain: _____

19. **Indicate which of the following products applicant distributes or sells:**

- ☐ Aircraft or related products
- ☐ Ammunition/Black powder
- ☐ Anhydrous ammonia
- ☐ Antiques
- ☐ Art
- ☐ Blood or plasma
- ☐ Boats
- ☐ Cell phones or pagers
- ☐ Chemicals
- ☐ Collectible/Memorabilia sales
- ☐ Computer equipment
- ☐ Contractors equipment
- ☐ Electronic/Vapor cigarettes
- ☐ Electronic equipment/Components
- ☐ Electronic media (i.e., CDs, DVDs, etc.)
- ☐ Explosives
- ☐ Feed, grain or seeds
- ☐ Fertilizer
- ☐ Firearms
- ☐ Fireworks
- ☐ Foreign products
- ☐ Fuel
- ☐ Fur apparel
- ☐ Industrial values and fittings
- ☐ Jewelry or gemstones
- ☐ Liquor sales via internet
- ☐ Medical equipment
- ☐ Museum artifacts
- ☐ Natural, artificial or liquid petroleum or gas
- ☐ Oriental rugs
- ☐ Pharmaceutical
- ☐ Photography equipment
- ☐ Recording equipment
- ☐ Sporting goods or Athletic equipment
- ☐ Stereo equipment
- ☐ Telecommunication equipment
- ☐ Televisions
- ☐ Tires
- ☐ Tobacco
- ☐ Vitamins or health supplements

20. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ☐ Yes ☐ No

If yes, describe: _____

_____

21. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☐ No

If yes, explain and advise where insured: _____

_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ SIGN HERE DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ SIGN HERE DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Please submit completed applications to Submissions@CIDinsurance.com
Attn: Teresa Cochran
or fax to (619) 593-2008
Any questions, please clal (800) 922-7283